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**** CONTINUING DATA ******* *ATD none*

**** FOREIGN APPLICATIONS ******* *none ATD*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 04/09/2004 **** SMALL ENTITY ****

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY TN	SHEETS DRAWING 2	TOTAL CLAIMS 25 <i>19</i>	INDEPENDENT CLAIMS 2 <i>2</i>
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ADDRESS
20999

TITLE
Transtracheal oxygen stent

FILING FEE RECEIVED 430	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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